



PERSONAL NAME / ADDRESS CHANGE / DUPLICATE LICENSE FORM

_____ **Personal Name Change (\$10 Fee & Legal Documentation required- (marriage license, divorce decree, etc)**
Complete Sections 1, 3, 4 and 5

_____ **Personal Address Change -No Fee Required**
Complete Sections 1, 2, 4 and 5

_____ **Duplicate License (\$10 Fee) Reason for Duplicate** _____
Complete Sections 1, 4 and 5

Please Print - Complete In Black Ink)

1. Name* As currently shown on South Carolina Cosmetology License- Legal Name

_____ First

_____ Middle

_____ Last

South Carolina License Number (RC, ES, NT, IRC, IES, INT) _____
Circle One

Date of Birth ____ / ____ / ____ **Social Security Number** ____ / ____ / ____

2. FORMER ADDRESS

PHYSICAL ADDRESS*:

**Required*

_____ Street

_____ City

_____ State

_____ Zip Code

MAILING ADDRESS:

_____ Street / PO Box

_____ City

_____ State

_____ Zip Code

3. NEW LEGAL NAME (Attach name change documents – marriage license, divorce decree, etc.)

_____ First

_____ Middle

_____ Last

4. NEW / CURRENT ADDRESS – No Fee Required for Address Change

PHYSICAL ADDRESS*:

**Required*

_____ Street

_____ City

_____ State

_____ Zip Code

MAILING ADDRESS:

_____ Street / PO Box

_____ City

_____ State

_____ Zip Code

Telephone Number (_____) _____

5. Signature of Licensee: _____ **Date:** ____ / ____ / ____

You may change your address online by logging in at <https://eservice.llr.sc.gov/SecurePortal/Login.aspx>